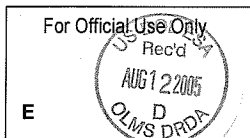


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5623</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael H. Weir</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>851 PIERCE BUTLER ROUTE</u> City <u>ST. PAUL</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55104-1634</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local 512</u> Labor Organization File Number <u>022-158</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>851 PIERCE BUTLER ROUTE</u> City <u>ST. PAUL</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55104-1634</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael H. Weir

On 7-6-2005
Date

651-489-1488
Telephone Number

Name of Person Filing <u>Michael H. Weir</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Twin City Iron Workers Fringe Benefit Funds</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE 500</u></p> <p>Street <u>3001 Metro Drive</u></p> <p>City <u>Bloomington</u></p> <p>State <u>MINNESOTA</u> ZIP Code + 4 <u>55425-1412</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>ACTS AS A ERISA TRUST FUNDS FOR PARTICIPANTS</u></p> <p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Box Lunches provided in connection with attendance at Twin City Iron Workers Fringe Benefit Funds TRUSTEE MEETINGS ON 2-10-04/5-12-04 7-20-04/8-25-04/11-20-04</u></p> <p>12.b. Amount. <u>\$50.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing <u>Michael H. Weir</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Twin City Iron Workers Apprentice and Training Fund</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 500</u></p> <p>Street <u>3001 Metro Drive</u></p> <p>City <u>Bloomington</u></p> <p>State <u>MINNESOTA</u> ZIP Code + 4 <u>55425-1412</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <u>Provides Apprentice Training and Journeyman Upgrading Services</u> </div> <p>11.b. Approximate dollar value of such dealing. <u>\$300,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <u>Box lunches provided in connection with attendance at the local and regional joint Apprenticeship Trustee meetings on 1-28-04/4-7-04/8-12-04/9-29-04/10-6-04</u> </div> <p>12.b. Amount. <u>\$50.00</u></p>

Name of Person Filing <u>Michael H. Weir</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Twin City Iron Workers Fringe Benefit Funds</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 500</u></p> <p>Street <u>3001 Metro Drive</u></p> <p>City <u>Bloomington</u></p> <p>State <u>MINNESOTA</u> ZIP Code + 4 <u>55425-1412</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>								
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Acts as a ERISA Trust Funds for participants</u> </div> <p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <u>REIMBURSEMENT OF EXPENSES IN CONNECTION WITH FRINGE BENEFIT FUND TRUSTEE educational SEMINARS held in New Orleans, LA. on Nov. 30th thru Dec. 4, 2004-</u> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: right;">Airfare</td> <td style="text-align: right;">383.40</td> </tr> <tr> <td style="text-align: right;">Room</td> <td style="text-align: right;">979.28</td> </tr> <tr> <td style="text-align: right;">Food</td> <td style="text-align: right;">99.85</td> </tr> <tr> <td style="text-align: right;">ground transportation and parking</td> <td style="text-align: right;">142.00</td> </tr> </table> </div> <p>12.b. Amount. <u>\$ 1,604.53</u></p>	Airfare	383.40	Room	979.28	Food	99.85	ground transportation and parking	142.00
Airfare	383.40								
Room	979.28								
Food	99.85								
ground transportation and parking	142.00								

Name of Person Filing <u>Michael H. Weir</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Twin City Iron Workers Apprentice and Training Fund</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 500</u></p> <p>Street <u>3001 Metro Drive</u></p> <p>City <u>Bloomington</u></p> <p>State <u>MINNESOTA</u> ZIP Code + 4 <u>55425-1412</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Provides APPRENTICE TRAINING AND JOURNEYMAN upgrading services</u> </div> <p>11.b. Approximate dollar value of such dealing. <u>\$300,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Reception and dinners provided in connection with attendance at apprentice graduation ceremonies on 4-30-04 and 10-29-04, with wife also attending</u> </div> <p>12.b. Amount. <u>\$104.00</u></p>

Name of Person Filing <u>Michael H. Weir</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <input style="width: 150px;" type="text"/>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <input style="width: 150px;" type="text"/>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>GREAT LAKES FABRICATORS & ERECTORS ASSOCIATION</u> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <u>Suite 1101</u> Street <u>1001 Woodward</u> City <u>DETROIT</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>48226</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> COCKTAIL RECEPTION IN CONNECTION WITH IRON WORKERS JOINT TRI-DISTRICT COUNCIL MEETING IN BELLAIRE, MICHIGAN ON 7-7-04 WITH WIFE ALSO ATTENDING </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$ 50.00

Name of Person Filing <u>Michael H. Weit</u>	File Number U-
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Wilson-McShane Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington

State MINNESOTA ZIP Code + 4 55425-1412

14.a. Nature of payment.

DINNER FOR MYSELF AND WIFE \$78
TICKETS AND REFRESHMENTS
TO THE SNUG HARBOR JAZZ
CLUB FOR MYSELF + WIFE \$85
BOTH ON 11-30-04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$163.00